

NOTICE TO TERMINATE SURROGATE APPOINTMENT

Instructions: Download form, complete all areas, save, and submit to ADE Surrogate Parent Coordinator by email to surrogateparents@azed.gov or by fax to (602) 364-0428.

SECTION 1: STUDENT INFORMATION

STUDENT NAME:	DOB:
SAIS NUMBER:	GRADE:
CURRENT SURROGATE NAME:	PHONE:
REASON FOR SURROGATE APPOINTMENT TERMINATION : (CHECK ONE ONLY)	
<input type="checkbox"/> The child's situation has changed and an individual who meets the IDEA definition of parent is now available.	
<input type="checkbox"/> The child has graduated with a regular diploma.	
<input type="checkbox"/> The child has aged out of the special education program.	
<input type="checkbox"/> The child has been exited from special education through the evaluation process.	
<input type="checkbox"/> The child has turned 18 and rights have been transferred.	
<input type="checkbox"/> The child has withdrawn from the LEA and left Arizona.	
<input type="checkbox"/> The surrogate parent is no longer able to fulfill the duties of the appointment. (In this case, the LEA is responsible for completing the process to have a new surrogate appointed.)	

SECTION 2: LOCAL EDUCATION AGENCY INFORMATION

CHARTER OR DISTRICT NAME:	
SCHOOL CONTACT:	PHONE:
(NAME AND TITLE)	
<hr/>	
SIGNATURE	DATE

----- ADE USE ONLY BELOW THIS LINE -----

DATE REQUEST RECEIVED:

DATE OF APPOINTMENT LETTER:

SURROGATE APPOINTED: